In anticipation of a <u>limited</u> supply of Flu vaccine, the Acton Public Health Nursing Service is compiling a list of requests for the vaccine. The vaccine will be administered to those who are 65 years or older <u>and</u> who have a chronic medical condition as outlined by the Center for Disease Control and given on a first come basis. You must also have a Documentation of Medical Risk form signed by your physician <u>prior</u> to receiving your Flu shot. These forms may be obtained at the Acton Public Health Nursing Service office, on the 2<sup>nd</sup> floor of the Town Hall, the COA and the Housing Authority office.

A chronic medical condition is considered to be one of the following:

Asthma, or another chronic lung disease

Metabolic Disease (eg. Diabetes)

Chronic Heart Disease

Kidney disease/dysfunction

Blood disorder

Thank you for your cooperation Acton Public Health Nursing Service

## DOCUMENTATION OF MEDICAL RISK

FLU SEASON 2004-2005

1 DO 3 DASON 2004-2003
Because of the critical Flu Vaccine shortage this year, it is necessary that every person
who is over 65 years old and has a chronic medical condition seeking a flu shot be
screened to meet the rules for medical high risk as outlined by the Centers for Disease
Control.
Please have your Health Care Provider complete and sign this form prior to receiving
your flu shot.
NO ONE WILL RECEIVE A FLU SHOT WITHOUT WRITTEN AUTHORIZA-
TION FROM THEIR HEALTH CARE PROVIDER STATING THAT THEY
MEET THE CRITERIA STATED BELOW.
Thank you for your cooperation
Acton Public Health Nursing Service
To be completed by Health Care Provider:
Age 65 years old or older with a chronic medical condition:
Asthma, or another chronic lung disease  Metabolic Disease (eg, Diabetes)  Chronic Heart Disease  Kidney disease/dysfunction  Blood disorder
I certify that the above individual will <u>not</u> be able to receive a flu immunization from my office.
Signed Print Name Print Name
,

Office Location\_\_\_\_

Phone No. \_\_\_\_\_ Date\_\_\_\_\_